

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

James Bell

Died at *Marion* Town*Bonnet* County

MARYLAND

Date of death *1903* Month *Mar.*Day *24*Age *80* YearsMonths *—*Days *—*Sex *Male*Color or Race *White*Birth-place *Ind.*Occupation *—*Where Residing if not  
at place of death *—*Married, Single  
or Widowed *Married*Name of Wife or  
Husband *Nancy Bell*Father's  
Name *Samuel Long*Father's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
In formationHow related  
to deceased

## CAUSES OF DEATH

Primary *Gastritis*How long *4 mo.*

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician *R. Lee Hall M.D.*Address *Pocomoke,**Ind.*

Accident or Suicide?

True Copy

G. J. Smith n. d.

7-9-04

Name in Full		Lizzie Berins				CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND		Died at		Town		County			
		Morrison		Fennell		MARYLAND			
		Date of death		1903	Month	3	Day	10	
		Age		25	Years	25	Months	-	
		Sex		female	Color or Race		Black	Birth-place	Ind.
		Occupation		Housewife	Where Residing if not at place of death				
		Married, Single or Widowed		Name of Wife or Husband		Geo H. Berins			
		Father's Name		Clifford Coulbourn				Father's Birthplace	Ind.
Mother's Maiden Name		Lizzie Coulbourn				Mother's Birthplace			
Name of person giving information						How related to deceased			
		CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary				How long			
		Pericarditis				2 years			
		Immediate				How long			
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician			
						Address			
						Dr. H. F. Hall			
						Coulbourn Ind.			
		Accident or Suicide?							

True Copy

V. J. Smith m. d.

7-9-04

# CERTIFICATE OF DEATH

**TO BE ANSWERED BY  
NEAREST FRIEND**

Died at

Town

County

## MARYLAND

Date \_\_\_\_\_

10013

Month

Day

Age

Years

Months

Days

Sex

Color or Race

Birth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Name of Wife or Husband

Father's  
Name

Father's Birthplace

Mother's  
Maiden Name

Mother's Birthplace

Name of person giving information

How related  
to deceased

### CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?

Signature of Physician

Address

### Accident or Suicide?

True Copy

G. J. Smith m. d.

7-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Town		County		MARYLAND	
Date of death	1903	Month	3	Day	1	Age	17
Sex	male		Color or Race	Black		Birth-place	md
Occupation	Shoemaker			Where Residing if not at place of death			
Married, Single or Widowed	married		Name of Wife or Husband				
Father's Name		Lever Norman				Father's Birthplace	
Mother's Maiden Name		Mary Lamb				Mother's Birthplace	
Name of person giving information						How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	Not given	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician	
	Address	
Accident or Suicide?		

True Copy  
J. F. Hutchinson, D.

1-9-04



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Stella Norman</i>		Town <i>Crisfield</i>		County <i>Somerset</i>		STATE <b>MARYLAND</b>	
Died at		Date of death <i>1903</i>		Age <i>25</i>		Months <i>—</i>	
Sex <i>female</i>		Color or Race <i>White</i>		Birth-place <i>md</i>		Days <i>—</i>	
Occupation		Where Residing if not at place of death					
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>John Norman</i>					
Father's Name <i>James Somers</i>		Father's Birthplace <i>md</i>					
Mother's Maiden Name <i>Luc Somers</i>		Mother's Birthplace <i>md</i>					
Name of person giving information		How related to deceased					

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>2 years</i>	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>Dr. H. H. H.</i>	
		Address <i>Crisfield</i>	
Accident or Suicide?			

Don. Copy  
of Smith's Dec. 2

7-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Alma House</i>		Town <i>Alma</i>		County <i>Sumner</i>		MARYLAND	
Date of death	1903	Month	3	Day	22	Age	40
Sex	female		Color or Race	White		Birth-place	ind
Occupation				Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband				
Father's Name					Father's Birthplace		
Mother's Maiden Name					Mother's Birthplace		
Name of person giving information					How related to deceased		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<i>Gastro Enteritis</i>	How long
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician
		Address
		<i>Dr. D. W. Jones</i> <i>Pr. Chas. med.</i>
Accident or Suicide?		

True Copy

G. J. Smith Jr. 21.

7-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Not given</i>		Town <i>Not given</i>		County <i>Sanford</i>		MARYLAND					
Date of death	1900	Month	3	Day	20	Age	Years	Months	1	Days	12
Sex	<i>female</i>		Color or Race	<i>White</i>		Birth-place	<i>md</i>				
Occupation	<i>—</i>				Where Residing if not at place of death				<i>—</i>		
Married, Single or Widowed	<i>Single</i>		Name of Wife or Husband					<i>—</i>			
Father's Name	<i>Geo French</i>					Father's Birthplace	<i>md</i>				
Mother's Maiden Name	<i>Susan French</i>					Mother's Birthplace	<i>—</i>				
Name of person giving information	<i>—</i>					How related to deceased	<i>—</i>				

## CAUSES OF DEATH


PHYSICIAN  
OR CORONER

Primary	<i>Whooping cough</i>		How long	<i>2 weeks</i>	
Immediate	<i>—</i>		How long	<i>—</i>	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician		<i>Wm P. Ford</i>	
		Address		<i>—</i>	
Accident or Suicide?		<i>—</i>			

True Copy

D. J. Smith on 2.

7-9-04

Name in Full		Town				County		CERTIFICATE OF DEATH		
TO BE ANSWERED BY NEAREST FRIEND		Died at		Weale Island		Somerset		MARYLAND		
		Date of death		1903	Month 3	Day 3	Age	Years	Months 5	Days
		Sex		male		Color or Race		Birth-place		
		Occupation				Where Residing if not at place of death				
		Married, Single or Widowed				Name of Wife or Husband				
		Father's Name				Edward Morris				Father's Birthplace
		Mother's Maiden Name				Lizzie Hughes				Mother's Birthplace
		Name of person giving information								How related to deceased
CAUSES OF DEATH										
PHYSICIAN OR CORONER		Primary				How long				
		"not given"								
		Immediate				How long				
		Are the name, age, sex, color, date and place correctly given above?				Signature of Physician				
						Address				
		Accident or Suicide?				 Dr. W. E. Evans Weale Island				

True Copy

J. J. Smith on d.

7-9-04



Name

in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Deals Island</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		60.	
Date of death <b>1903</b>		Month <i>March</i>	Day <i>4</i>	Years <i>44</i>	Months <i>—</i>
Sex <i>Female</i>		Color or Race <i>White</i>		Birth-place <i>Md.</i>	
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>Married</i>		Name of Wife or Husband <i>L. B. Horner</i>			
Father's Name <i>Thos. Rozman</i>				Father's Birthplace	
Mother's Maiden Name <i>—</i>				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Tuberculosis</i>		How long <i>10 Mts.</i>
Immediate		How long
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>L. J. Windsor M. D.</i>
		Address <i>Dames Quarter, Md.</i>
<i>X</i> Accident or Suicide?		

True Copy

P. J. Smith on 21.

7-9-04

Name  
in  
Full

Wm H. Howard

CERTIFICATE OF DEATH


TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <u>Crisfield</u> <sup>Town</sup>		<u>Somerset</u> <sup>County</sup>			
Date of death <u>1903</u>	<u>03</u> <sup>Month</sup>	<u>18</u> <sup>Day</sup>	Age <u>79</u> <sup>Years</sup>	<u>—</u> <sup>Months</sup>	<u>—</u> <sup>Days</sup>
Sex <u>male</u>	Color or Race <u>White</u>		Birth-place <u>md</u>		
Occupation <u>Mechanic</u>			Where Residing if not at place of death		
Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>Sallie Howard</u>			
Father's Name <u>Edward Howard</u>			Father's Birthplace <u>md</u>		
Mother's Maiden Name <u>Margaret Howard</u>			Mother's Birthplace <u>md</u>		
Name of person giving information			How related to deceased		

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <u>Chronic Nephritis</u>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>Dr. H. H. Howard</u>
	Address <u>Crisfield md</u>
	
Accident or Suicide?	

True Copy

B. J. Smith on 2

7-9-04

Name  
in  
Full



## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Name in Full <i>Selomon Johnson</i>		Town <i>Frederick</i>		County <i>Somerset</i>		MARYLAND	
Died at		Date of death		Age		Months	
		1903 3 21		Years 21		Months 3	
Sex <i>male</i>		Color or Race <i>Colored</i>		Birth-place <i>md</i>		Days <i>9</i>	
Occupation <i>—</i>				Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i>—</i>					
Father's Name <i>Robert Johnson</i>				Father's Birthplace <i>md</i>			
Mother's Maiden Name <i>Mary Wallace</i>				Mother's Birthplace <i>md</i>			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>not given</i>	How long
Immediate <i>—</i>	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Geo H Hall</i>
	Address <i>Frederick md</i>
	
	
Accident or Suicide?	

True Copy

T. J. Lincoln m. s.

7-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death 1903

3

28

Age

Sex

Color or  
RaceBirth-  
place

Occupation

Where Residing if not  
at place of deathMarried, Single  
or WidowedName of Wife or  
HusbandFather's  
NameFather's  
BirthplaceMother's  
Maiden NameMother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Accident or Suicide?

True Copy

I J Smith a. w.

1-9-04



Name  
in  
Full

## CERTIFICATE OF DEATH

Lenora Nelson

Town

County

MARYLAND

Died at

Crisfield

Somerset

Date

of death 1903

Month

3

Day

27

Age

Years

68

Months

Days

2

Sex

female

Color or  
Race

White

Birth-  
place

md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
HusbandFather's  
Name

J. Frank Nelson

Father's  
BirthplaceMother's  
Maiden Name

Helen E. Nelson

Mother's  
BirthplaceName of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Meningitis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Dr. H. H.

Address

Crisfield, md.

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

True Copy

J. J. Smith m. d.

7-9-04

Name  
in  
Full

Thos. F. Russell

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Crisfield</i> <sup>Town</sup>		<i>Somerset</i> <sup>County</sup>		MARYLAND	
Date of death	<i>1903</i>	Month <i>March</i>	Day <i>6</i>	Age <i>47</i>	Years <i>9</i> Months <i>24</i> Days
Sex <i>male</i>	Color or Race <i>white</i>		Birth-place <i>md.</i>		
Occupation <i>Sailor</i>	Where Residing if not at place of death <i>—</i>				
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Mathilda J. Russell</i>				
Father's Name <i>Thos Russell</i>	Father's Birthplace				
Mother's Maiden Name <i>L. Dougherty</i>	Mother's Birthplace				
Name of person giving information	How related to deceased				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Acute Bright's</i>	How long <i>9 days</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>J. F. Somers M.D.</i>
	Address <i>Crisfield, md.</i>
Accident or Suicide?	

Some copy

P. J. Smith & Co. L.

1-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>John M. Smith</i>		Town <i>John M. Smith</i>		County <i>San Carlos</i>		
Date of death <i>1903</i>	Month <i>3</i>	Day <i>30</i>	Age <i>—</i>	Years <i>—</i>	Months <i>—</i>	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>my</i>			
Occupation			Where Residing if not at place of death			
Married, Single or Widowed			Name of Wife or Husband			
Father's Name <i>John Smith</i>			Father's Birthplace			
Mother's Maiden Name <i>Lennie Horner</i>			Mother's Birthplace			
Name of person giving information			How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Not given</i>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>C. M. Washburn</i>
	Address <i>(under stone)</i>
Accident or Suicide?	<i>San Carlos Ind</i>

True Copy  
G. J. Smith on 21.

7-9-04

Name  
in  
Full

## CERTIFICATE OF DEATH

Saul Harris Tull

Town

Petersburg

County

Fomerset

MARYLAND

Died at

Date

1903

Month

3

Day

31

Age

Years

1

Months

3

Days

13

Sex

male

Color or  
Race

white

Birth-  
place

md

Occupation

Where Residing if not  
at place of deathMarried, Single  
or Widowed

Single

Name of Wife or  
Husband

—

Father's  
Name

A. B. J. Tull

Father's  
Birthplace

md

Mother's  
Maiden Name

Mollie Johnson

Mother's  
Birthplace

md

Name of person giving  
InformationHow related  
to deceased

## CAUSES OF DEATH

Primary

Hypertensive Nephritis

How long

Immediate

How long

Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

Clarence E. Coleman  
Crisfield md

Accident or Suicide?

TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER

True Copy  
J. J. Smith on 22

1-9-04



Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>Farmington</i>		Town <i>Farmington</i>		County <i>Farmington</i>		MARYLAND	
Date of death <i>1903</i>		Month <i>3</i>		Day <i>31</i>		Age <i>—</i>	
Sex <i>male</i>		Color or Race <i>White</i>		Birth-place <i>md.</i>		Months <i>—</i>	
Occupation <i>Cysharpener</i>		Where Residing if not at place of death <i>—</i>		Years <i>—</i>		Days <i>—</i>	
Married, Single or Widowed <i>married</i>		Name of Wife or Husband <i>Lucie Cox</i>		Father's Birthplace		Mother's Birthplace	
Father's Name <i>John T. Walston</i>		Mother's Maiden Name		How related to deceased		Name of person giving information	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Consumption</i>	How long <i>18 m</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>E. J. Miles M.D.</i>
	Address <i>Farmington, Md.</i>
Accident or Suicide?	

True Copy

J. J. Smith M. D.

7-9-04

Name  
in  
Full

Columbus F. Webster

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Deals Island		Immerset Co.,		MARYLAND	
Date of death	1903	Month	March	Day	14	Years	Age 65
Sex		Male		Color or Race		White	
Occupation		Waterman		Where Residing if not at place of death		—	
Married, Single or Widowed		Married		Name of Wife or Husband		M. R. Webster	
Father's Name		James Webster		Father's Birthplace			
Mother's Maiden Name		Ezzie Webster		Mother's Birthplace			
Name of person giving information				How related to deceased			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	hephtitis	How long	
Immediate		How long	
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
		S. J. Anderson M. D.	
		Address	
		James Quarter,	
		Ind.	
Accident or Suicide?			

True copy  
J. J. Smith on. N.

7-9-04

Name  
in  
Full

Louise May White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <b>Dames Quarter</b> <sup>Town</sup>		<b>Emmett</b> <sup>County</sup>		<b>MARYLAND</b>	
Date of death <b>1909</b>	Month <b>March</b>	Day <b>15</b>	Age <b>—</b>	Months <b>1</b>	Days <b>19</b>
Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>md</b>			
Occupation <b>—</b>			Where Residing if not at place of death <b>—</b>		
Married, Single or Widowed <b>Single</b>		Name of Wife or Husband <b>—</b>			
Father's Name <b>John White</b>				Father's Birthplace	
Mother's Maiden Name <b>Louise</b>				Mother's Birthplace	
Name of person giving information				How related to deceased	

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <b>meningitis</b>	How long
Immediate	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <b>L. J. W. Anderson, M.D.</b>
	Address <b>Dames Quarter, md</b>
<b>8</b> Accident or Suicide? *	

True Copy

G. J. Smith and

7-9-04

Name in Full <i>Lewis Field</i>		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <i>Lewisfield</i> Town		<i>Limerick</i> County
	Date of death <i>1903</i> Month <i>March</i> Day <i>20</i>		Age <i>30</i> Years Months <i>—</i> Days <i>—</i>
	Sex <i>Female</i>	Color or Race <i>Colored</i>	Birth-place <i>—</i>
	Occupation <i>—</i>	Where Residing If not at place of death	
	Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>—</i>	
	Father's Name	Father's Birthplace	
	Mother's Maiden Name	Mother's Birthplace	
Name of person giving information	How related to deceased		
CAUSES OF DEATH			
PHYSICIAN OR CORONER	Primary <i>Bright's Disease</i>		How long <i>6 years</i>
	Immediate		How long
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <i>W. H. Boulbourn M.D.</i>
			Address <i>Lewisfield, Md.</i>
Accident or Suicide?			

True Copy

J. J. Luntz & Co.

7/9/04